

# Announced Care Inspection Report 31 May 2017



## Magee Dental Care

**Type of service: Independent Hospital (IH) – Dental Treatment**  
**Address: 18-24 William Street, Lurgan, Craigavon, BT66 6JA**  
**Tel no: 028 3832 2441**  
**Inspector: Norma Munn**

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Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An announced inspection of Magee Dental Care took place on 31 May 2017 from 10:00 to 14:00.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the practice was delivering safe, effective and compassionate care and if the service was well led.

### **Is care safe?**

Observations made, review of documentation and discussion with Mr Nigel Magee, registered person, Mrs Jayne Magee, practice manager, and staff demonstrated that systems and processes were in place to ensure that care to patients was safe and avoids and prevents harm. Areas reviewed included staffing, recruitment and selection, safeguarding, management of medical emergencies, infection prevention control and decontamination, radiology and the general environment. No requirements or recommendations have been made.

### **Is care effective?**

Observations made, review of documentation and discussion with Mr Magee, Mrs Magee, and staff demonstrated that systems and processes were in place to ensure that care provided in the establishment was effective. Areas reviewed included clinical records, health promotion, audits and communication. No requirements or recommendations have been made.

### **Is care compassionate?**

Observations made, review of documentation and discussion with Mr Magee, Mrs Magee, and staff demonstrated that arrangements are in place to promote patients' dignity, respect and involvement in decision making. No requirements or recommendations have been made.

### **Is the service well led?**

Information gathered during the inspection evidenced that there was effective leadership and governance arrangements in place which creates a culture focused on the needs of patients in order to deliver safe, effective and compassionate care. Areas reviewed included organisational and staff working arrangements, the arrangements for policy and risk assessment reviews, the arrangements for dealing with complaints, incidents and alerts, insurance arrangements and the registered provider's understanding of their role and responsibility in accordance with legislation. No requirements or recommendations have been made.

This inspection was underpinned by The Independent Health Care Regulations (Northern Ireland) 2005, The Regulation and Improvement Authority (Independent Health Care) (Fees and Frequency of Inspections) (Amendment) Regulations (Northern Ireland) 2011 and the Department of Health, Social Services and Public Safety (DHSSPS) Minimum Standards for Dental Care and Treatment (2011).

While we assess the quality of services provided against regulations and associated DHSSPS care standards, we do not assess the quality of dentistry provided by individual dentists.

## 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with Mr Magee, registered person and Mrs Magee, practice manager as part of the inspection process and can be found in the main body of the report.

Enforcement action did not result from the findings of this inspection.

## 1.2 Actions/enforcement taken following the most recent care inspection

There were no further actions required to be taken following the most recent inspection.

## 2.0 Service details

<b>Registered organisation/registered person:</b> Mr Nigel Magee	<b>Registered manager:</b> Mr Nigel Magee
<b>Person in charge of the practice at the time of inspection:</b> Mr Nigel Magee	<b>Date manager registered:</b> 7 October 2011
<b>Categories of care:</b> Independent Hospital (IH) – Dental Treatment	<b>Number of registered places:</b> 6

## 3.0 Methods/processes

Questionnaires were provided to patients and staff prior to the inspection by the practice on behalf of the RQIA. Prior to inspection we analysed the following records: staffing information, complaints declaration and returned completed patient and staff questionnaires.

During the inspection the inspector met with Mr Magee, registered person, Mrs Magee, practice manager, the administrator, three associate dentists, two dental nurses and two trainee dental nurses. A tour of some areas of the premises was also undertaken.

Records were examined during the inspection in relation to the following areas:

- staffing
- recruitment and selection
- safeguarding
- management of medical emergencies
- infection prevention and control
- radiography

- clinical record recording arrangements
- health promotion
- management and governance arrangements
- maintenance arrangements

## 4.0 The inspection

### 4.1 Review of requirements and recommendations from the most recent inspection dated 02 June 2016

The most recent inspection of the establishment was an announced care inspection. No requirements or recommendations were made during this inspection.

### 4.2 Review of requirements and recommendations from the last care inspection dated 02 June 2016

As above.

## 4.3 Is care safe?

### Staffing

Six dental surgeries are in operation in this practice. Discussion with staff and a review of completed patient and staff questionnaires demonstrated that there was sufficient numbers of staff in various roles to fulfil the needs of the practice and patients.

Induction programme templates were in place relevant to specific roles and responsibilities. A sample of three evidenced that induction programmes had been completed when new staff joined the practice.

Procedures were in place for appraising staff performance and staff confirmed that appraisals had taken place. Staff confirmed that they felt supported and involved in discussions about their personal development. There was a system in place to ensure that all staff receive appropriate training to fulfil the duties of their role.

A review of records confirmed that a robust system was in place to review the General Dental Council (GDC) registration status and professional indemnity of all clinical staff.

### Recruitment and selection

A review of the submitted staffing information and discussion with Mrs Magee confirmed that four staff have been recruited since the previous inspection. A review of the personnel files for three of the these staff demonstrated that all the relevant information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 has been sought and retained with the exception of written references. One of the files contained one written reference the other two files did not contain any references. Mrs Magee explained that two of the staff had been recently recruited and she had not yet received the references. Following the inspection RQIA received confirmation that two references had been obtained for all three

members of staff. Mrs Magee has given assurances that two written references will be sought and retained for all staff recruited in the future.

There was a recruitment policy and procedure available. The policy was comprehensive and reflected best practice guidance.

## **Safeguarding**

Staff spoken with were aware of the types and indicators of abuse and the actions to be taken in the event of a safeguarding issue being identified, including who the nominated safeguarding lead was.

Review of records demonstrated that all staff had received training in safeguarding children and adults as outlined in the Minimum Standards for Dental Care and Treatment 2011.

The regional guidance policy documents 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015) and 'Co-operating to safeguard children and young people in Northern Ireland' (March 2016) were available for staff reference. A discussion took place in relation to the 'Adult Safeguarding Operational Procedures' (September 2016). Mrs Magee has agreed to ensure that the procedures are implemented within the practice.

One overarching policy and procedure was in place for the safeguarding and protection of children and adults at risk of harm. Mrs Magee confirmed that the safeguarding policies had been updated to fully reflect the regional safeguarding documents. The policies included the types and indicators of abuse and distinct referral pathways in the event of a safeguarding issue arising with an adult or child. The relevant contact details for onward referral to the local Health and Social Care Trust should a safeguarding issue arise were included.

## **Management of medical emergencies**

A review of medical emergency arrangements evidenced that emergency medicines were provided in keeping with the British National Formulary (BNF), and that emergency equipment as recommended by the Resuscitation Council (UK) guidelines was retained. Mr Magee and staff were advised to increase the stock of Buccolam pre-filled syringes in sufficient quantity and dosage as recommended by the Health and Social Care Board (HSCB). Following the inspection RQIA received confirmation that Buccolam has been provided in sufficient quantity and dosage. A robust system was in place to ensure that emergency medicines and equipment do not exceed their expiry date. There was an identified individual with responsibility for checking emergency medicines and equipment.

Review of training records and discussion with staff confirmed that the management of medical emergencies is included in the induction programme and training is updated on an annual basis in keeping with best practice guidance. Three staff have also attended a three day first aid at work course and Mrs Magee has recently attended a mental health first aid training course.

Discussion with staff demonstrated that they have a good understanding of the actions to be taken in the event of a medical emergency and the location of medical emergency medicines and equipment.

A policy for the management of medical emergencies was in place. The policy was not reviewed during this inspection. Protocols were available for staff reference outlining the local procedure for dealing with the various medical emergencies.

### **Infection prevention control and decontamination procedures**

Clinical and decontamination areas were tidy and uncluttered and work surfaces were intact and easy to clean. Fixtures, fittings, dental chairs and equipment were free from damage, dust and visible dirt. Staff were observed to be adhering to best practice in terms of the uniform and hand hygiene policies.

Discussion with staff demonstrated that they had an understanding of infection prevention and control policies and procedures and were aware of their roles and responsibilities. Staff confirmed that they have received training in infection prevention and control and decontamination in keeping with best practice. Training records were available for inspection.

There was a nominated lead who had responsibility for infection control and decontamination in the practice.

A decontamination room separate from patient treatment areas and dedicated to the decontamination process was available. Appropriate equipment, including washer disinfector, a DAC Universal and two steam sterilisers have been provided to meet the practice requirements. A review of documentation evidenced that equipment used in the decontamination process has been appropriately validated. A review of equipment logbooks evidenced that periodic tests are undertaken and recorded in keeping with Health Technical Memorandum (HTM) 01-05 Decontamination in primary care dental practices.

It was confirmed that the practice continues to audit compliance with HTM 01-05 using the Infection Prevention Society (IPS) audit tool. The most recent IPS audit was completed during May 2017.

A range of policies and procedures were in place in relation to decontamination and infection prevention and control.

### **Radiography**

The practice has six surgeries, each of which has an intra-oral x-ray machine.

A dedicated radiation protection file containing the relevant local rules, employer's procedures and other additional information was retained. A review of the file confirmed that staff have been authorised by the radiation protection supervisor (RPS) for their relevant duties and have received local training in relation to these duties. Staff confirmed that additional radiology training has been arranged to take place in June 2017. It was evidenced that all measures are taken to optimise dose exposure. This included the use of rectangular collimation, x-ray audits and digital x-ray processing.

A copy of the local rules was on display near each x-ray machine and appropriate staff had signed to confirm that they had read and understood these. Staff spoken with demonstrated sound knowledge of the local rules and associated practice.

The radiation protection advisor (RPA) completes a quality assurance check every three years. Review of the report of the most recent visit by the RPA demonstrated that the recommendations made have been addressed.

The x-ray equipment has been serviced and maintained in accordance with manufacturer's instructions.

Quality assurance systems and processes were in place to ensure that all matters relating to x-rays reflect legislative and best practice guidance.

## **Environment**

The environment was maintained to a high standard of maintenance and décor.

Detailed cleaning schedules were in place for all areas which were signed on completion. A colour coded cleaning system was in place.

Arrangements are in place for maintaining the environment. These include weekly checking of fire detection systems, annual servicing of the firefighting equipment and testing of electrical equipment.

The legionella risk assessment was last reviewed in May 2016 and water temperatures have been monitored and recorded as recommended.

The fire risk assessment had been reviewed in December 2016 by an external organisation and staff confirmed fire training and fire drills had been completed. Staff demonstrated that they were aware of the action to take in the event of a fire.

Pressure vessels in the practice have been inspected in keeping with the written scheme of examination.

A written security policy was in place in relation to prescription theft and misuse. Staff confirmed that robust arrangements are in place for the management of prescription pads/forms.

## **Patient and staff views**

Seventeen patients submitted questionnaire responses to RQIA. All indicated that they felt safe and protected from harm. Fifteen patients indicated that they were very satisfied with this aspect of their care and two indicated that they were satisfied. Comments provided included the following:

- "Great staff, lovely."
- "Always asking how I am and any problems-Excellent."
- "Staff are brilliant, helpful. Place is spotless."

Thirteen staff submitted questionnaire responses. All indicated that they felt that patients are safe and protected from harm. Staff spoken with during the inspection concurred with this. Twelve staff indicated that they were very satisfied with this aspect of care and one staff indicated that they were satisfied. Comments provided included the following:

- “Patient safety is taken very seriously with ongoing inspections of practice.”
- “Extensive training is provided.”

**Areas for improvement**

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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**4.4 Is care effective?**

**Clinical records**

Staff spoken with confirmed that clinical records are updated contemporaneously during each patient’s treatment session in accordance with best practice.

Routine dental examinations include a review of medical history, a check for gum disease and oral cancers and it was confirmed that treatment plans are developed in consultation with patients. It was confirmed that patients are informed about the cost of treatments, choices and options.

Both manual and computerised records are maintained. Electronic records have different levels of access afforded to staff dependent on their role and responsibilities. Appropriate systems and processes were in place for the management of records and maintaining patient confidentiality.

Policies were available in relation to records management, data protection and confidentiality and consent. The records management policy was not reviewed during this inspection.

The practice is registered with the Information Commissioner’s Office (ICO) and a Freedom of Information Publication Scheme has been established.

**Health promotion**

The practice has a strategy for the promotion of oral health and hygiene that exceeds best practice. Oral health is actively promoted on an individual level with patients during their consultations. The practice has employed a hygienist and one of the dental nurses has attended training to be an oral health educator. An extensive range of health promotion information leaflets was available in the reception area and throughout the practice. Information regarding oral health was displayed on the television screen for patients to view while waiting to be seen.

The practice has developed an extensive health promotion outreach programme involving visits from their dental nurses to local schools, churches, senior citizens groups, local factories and the community. The practice is a member of the British Dental Health Foundation (BDHF) who provides oral health promotion information and the nurses use this information along with



a range of information leaflets, booklets, toys, activities and models adaptable for a range of ages and abilities, to help the groups learn about oral health and hygiene and about the benefits of healthy snacks. The groups receive information regarding health promotion and samples of tooth paste and tooth brushes to take home.

In addition the practice holds open days and recently invited Splash Sure Start to a visit to educate the children and parents on how to look after their teeth. Oral health fayres and family fun days are also arranged when members of the public are invited to receive health checks and information in relation to oral health and hygiene. Smoking cessation classes are held regularly within the practice and Mrs Magee demonstrated a commitment to help educate patients and the wider community on the dangers of smoking. A Facebook page has been created which includes information on oral health and hygiene. These initiatives involving health promotion are to be commended.

## **Audits**

There were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to patients at appropriate intervals which included:

- x-ray quality grading
- x-ray justification and clinical evaluation recording
- IPS HTM 01-05 compliance
- clinical waste management
- clinical records
- review of complaints/accidents/incidents
- hand hygiene
- health and safety
- prescription and prescription safety
- accessibility
- oral cancer risk, patient medical history
- surgery cleanliness
- patient satisfaction

The range and frequency of audits being undertaken exceeds best practice.

## **Communication**

Staff confirmed that arrangements are in place for onward referral in respect of specialist treatments. A policy and procedure and template referral letters have been established.

Staff meetings are held on a monthly basis to discuss clinical and practice management issues. Review of documentation demonstrated that minutes of staff meetings are retained. Staff spoken with confirmed that meetings also facilitated informal and formal in house training sessions.

Staff confirmed that there are good working relationships and there is an open and transparent culture within the practice.

A breaking bad news policy in respect of dentistry was in place.

**Patient and staff views**

All of the 17 patients who submitted questionnaire responses indicated that they get the right care, at the right time and with the best outcome for them. Fourteen patients indicated that they were very satisfied with this aspect of their care and three indicated that they were satisfied. Comments provided included the following:

- “Satisfied in every aspect.”
- “Make me feel very welcome, and overcame my fears.”
- “Pleasant staff very attentive.”
- “Excellent explanation of plan at how my treatment will go.”

All 13 submitted staff questionnaire responses indicated that they felt that patients get the right care, at the right time and with the best outcome for them. Staff spoken with during the inspection concurred with this. Twelve staff indicated that they were very satisfied with this aspect of care and one indicated that they were satisfied. Comments provided included the following:

- “Staff in the practice work hard to ensure that the patients’ needs are met eg: accommodating patients.”
- “The six dentists ensure that patient- centred care is provided with treatment choices explained and costs and estimates given.”
- “I have seen adjustments being made to the practice.”

**Areas for improvement**

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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**4.5 Is care compassionate?**

**Dignity, respect and involvement in decision making**

Staff spoken with demonstrated a good understanding of the core values of privacy, dignity, respect and patient choice. Staff confirmed that if they needed to speak privately with a patient that arrangements are provided to ensure the patient’s privacy is respected. Staff were observed to converse with patients and conduct telephone enquiries in a professional and confidential manner.

Mrs Magee demonstrated how important confidentiality is in the practice. A privacy booth has been designed in the reception area for patients to complete forms and questionnaires in a quiet area. The design of this booth facilitates patients who may have a disability or need extra support.

The importance of emotional support needed when delivering care to patients who were very nervous or fearful of dental treatment was clear.

It was confirmed that treatment options, including the risks and benefits, were discussed with each patient. This ensures that patients understand what treatment is available to them and can make an informed choice. Staff demonstrated how consent would be obtained.

The practice undertakes patient satisfaction surveys on a six monthly basis. Review of the most recent patient satisfaction report demonstrated that the practice pro-actively seeks the views of patients about the quality of treatment and other services provided. Patient feedback whether constructive or critical, is used by the practice to improve, as appropriate.

A policy and procedure was in place in relation to confidentiality. The policy was not reviewed during this inspection.

**Patient and staff views**

All of the 17 patients who submitted questionnaire responses indicated that they are treated with dignity and respect and are involved in decision making affecting their care. All 17 patients indicated that they were very satisfied with this aspect of their care.

- “Very kind to children.”
- “Treated so well.”
- “Very well treated and respected.”
- “Felt that my concerns re: anxiety were taken into account and that they were dealt with.”
- “Magees give excellent care and are always very helpful.”

All 13 submitted staff questionnaire responses indicated that they felt that patients are treated with dignity and respect and are involved in decision making affecting their care. Staff spoken with during the inspection concurred with this. Eleven staff indicated that they were very satisfied with this aspect of care and two indicated that they were satisfied. Comments provided included the following:

- “Patients are given treatment options and then given time to decide what treatment plan to go ahead with.”
- “Our confidentiality policy is easy to understand so we can implement it. There is a suggestion box for patients.”

**Areas for improvement**

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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**4.6 Is the service well led?**

**Management and governance arrangements**

There was a clear organisational structure within the practice and staff were able to describe their roles and responsibilities and were aware of who to speak to if they had a concern. Staff confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised.

Mr Magee has overall responsibility for the day to day management of the practice and is supported by Mrs Magee, practice manager and the administrator.

Policies and procedures were available for staff reference. Observations made confirmed that policies and procedures were indexed, dated and systematically reviewed on a three yearly basis or more frequently if needed. Staff spoken with were aware of the policies and how to access them.

Arrangements were in place to review risk assessments.

A copy of the complaints procedure was available in the practice. Staff demonstrated a good awareness of complaints management. A complaints questionnaire was forwarded by RQIA to the practice for completion. The evidence provided in the returned questionnaire indicated that complaints have been managed in accordance with best practice.

A system was in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies as appropriate. A system was also in place to ensure that urgent communications, safety alerts and notices are reviewed and where appropriate, made available to key staff in a timely manner.

Mrs Magee confirmed that arrangements were in place to monitor, audit and review the effectiveness and quality of care delivered to patients at appropriate intervals. If required an action plan is developed and embedded into practice to address any shortfalls identified during the audit process.

A whistleblowing/raising concerns policy was available. Discussion with staff confirmed that they were aware of who to contact if they had a concern.

Mr Magee demonstrated a clear understanding of his role and responsibility in accordance with legislation. Information requested by RQIA has been submitted within specified timeframes. It was confirmed that the statement of purpose and patient's guide are kept under review, revised and updated when necessary and available on request.

The RQIA certificate of registration was up to date and displayed appropriately.

Observation of insurance documentation confirmed that current insurance policies were in place.

### **Patient and staff views**

All of the 17 patients who submitted questionnaire responses indicated that they felt that the service is well managed. Fifteen patients indicated that they were very satisfied with this aspect of the service and two indicated that they were satisfied. Comments provided included the following:

- "Brilliant."
- "Seems well managed. Happy faces."
- "Services well maintained."
- "The best around town."

All 13 submitted staff questionnaire responses indicated that they felt that the service is well led. Staff spoken with during the inspection concurred with this. Twelve staff indicated that they were very satisfied with this aspect of the service and one did not indicate a rating. Comments provided included the following:

- “Policies are available at all times. Our practice manager is very approachable so concerns can be raised in confidence.”
- “Our practice is open and transparent. Management ensure we are consulted and involved. Love it here.”
- “I feel very comfortable speaking with the practice manageress about any issues.”

**Areas for improvement**

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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**5.0 Quality improvement plan**

There were no issues identified during this inspection, and a QIP is neither required, nor included, as part of this inspection report.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered provider from their responsibility for maintaining compliance with the regulations and standards.



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